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THE MEDICINE OF OUR FOREFATHERS *

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In talking to the oldest medical society in this country it has seemed to me that no subject would be more suitable than what our forefathers accomplished in medicine. Our generation has become so accustomed to lauding itself as "the heirs of all the ages in the foremost files of time" and therefore so far ahead of the past that really our forefathers were to be pitied because they did not live to see our glorious time, that I have sometimes taken a little almost malicious pleasure in pointing out how many of the things that we think new are indeed very old. Anesthesia and antisepsis, sometimes looked on as the triumphs of our time, were anticipated by preceding generations in very striking ways. Tom Middleton, the English poet of the seventeenth century, has spoken of "the mercies of old surgeons who put their patients to sleep before they cut them," and we have the records of two or three forms of anesthesia during the thirteenth and fourteenth centuries, at least one of them by inhalation. Strong wine was used as a dressing for wounds, and the surgeons effected union by first intention and boasted about it (we owe that Latin expression "first intention" to them), and even declared that surgeons whose wounds suppurated when they were made through an unbroken skin surface were responsible for the evil results that followed.

Indeed, practically the whole of our surgery which we have been inclined to think of as the particular development of our generation was anticipated in the long ago. Operations were done on the skull for abscess and tumor in the brain, on the thorax for the pus and other fluids, and on the abdomen for all sorts of internal conditions. Particularly the surgeons operated for the

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radical cure of hernia, employed an exaggerated Trendelenberg position in order to have the intestines drop away from the site of operation, fastening their patients' heads down on a slanting board and in general solving the technical problems very much as we do by special sutures, by the use of wire auxiliaries and other things of that kind. Hugo von Pfolspeundt invented a flanged tube which he inserted into the intestines when they were badly wounded, bringing the intestines together above them and asserting that the tube would be passed out, but not until after such intestinal agglutination had taken place as would prevent the extravasation of the contents of the intestine. This anticipation of the Murphy button five centuries ago is interesting but not so striking as the use of the trachea of an animal for this purpose, of which we have a description, the inventor declaring that the trachea would be gradually disintegrated, but not before agglutination of the edges of the wound would take place.

As a matter of fact, after considerable study of the history of medicine as well as other phases of human intellectual activity, I have come to the conclusion that whenever men deliberately and seriously face any problem they solve it about as well as at any other period in the history of medicine. While we talk much of progress, let us not forget that in the great phases of intellectual achievement there is no such thing as progress, but on the contrary abundant evidence of decadence. No one thinks for a moment of saying that there is progress in literature or that the writers of our time are doing anything that is serious or likely to endure. Not long since the New York *Times* declared on the occasion of the death of Mark Twain that of the four men who had international reputation in literature, that is, who in our generation had been read generally outside of their own countries, three were now dead. The four were Zola, Tolstoi, Mark Twain and then the living one, Rudyard Kipling. Kipling, like Jeffries and some others, has not "come back" and the list is interesting therefore as showing the caliber of our literary achievement. Our poets are such minor poets that the less said about them the better. Our dramatic literature is almost literally a farce when it is not an obscene joke. There has not been a new idea in architecture for four hundred years. Painting, sculpture and the arts and crafts look to the past for models. In everything of this kind we are imitators.

Over and over again men have faced human problems seriously and have accomplished good results. They have done so whenever in humility of heart they have realized that good work does not come of itself or by any inevitable law of progress, but by maintaining high ideas and ideals and working them out patiently. Whenever men have observed for themselves, drawn their conclusions patiently and without haste avoided theorizing and the hasty overconclusiveness so characteristic of youth, they have done things. Unfortunately as Europeans sometimes say in all kindliness of heart, "You Americans are so delightfully, refreshingly, poignantly, unconsciously young."

Even here in America, however, we must not think that this is the first time that good work has been done; and if on an occasion of this kind I should be tempted to go back for about a hundred years I would be able to show you some of the things that men were thinking and doing in this country that are anticipations of what we are inclined to think of as our most recent discoveries.

Probably the discovery that we have most reason to be proud of here in America in our time is that by which we know that yellow fever is not spread through the air, or by fomites, but is distributed by the mosquito. The other day I was looking over an old pamphlet which shows how much an observer of a hundred years ago here in America anticipated the most important portion of that discovery by some notable observations and really surprising experiments undertaken to demonstrate the value of his observations. I quote from "A Memoir on Contagion More Especially as It Respects the Yellow Fever," read in the convention of the Medical Chirurgical Faculty of Maryland, June 3, 1817, by Nathaniel Potter, M.D.:

> During the prevalence of the yellow fever in this city in the years 1798, 1800 and 1802, we proposed and executed several experiments adapted to the question of contagion. On September 20, 1797, having been called on to visit a man in the act of dying, covered with perspirable matter, I applied a piece of muslin to his body till it became saturated, and in this condition, half an hour after, bound it around my head at bedtime. The fetor was nauseous in the extreme and

occasioned a transient sensation of sickness of stomach; but, being languid from excessive exercise during the day, a profound sleep succeeded, from which I did not awake till 7 o'clock the next morning. I experienced no further inconvenience. In 1798, a few sporadick cases occurred in Baltimore. I inoculated myself with the perspirable matter that adhered to the skin of a patient in the last stage of yellow fever, but experienced no other effect than that which followed the punctures made in both arms. As the few cases that occurred this year assumed an uncommonly malignant aspect and many of them were accompanied by inguinal buboes, I availed myself of the occasion to inoculate myself with the matter formed by suppuration. On October 11, I inserted the matter in both arms, taken from the groin of Mr. Rector Lowe. A slight circumscribed redness appeared about twenty-four hours after the operation, and continued nearly stationary for four days. As no irritation proceeded from the punctured parts, and the rubefacience evidently declined on the fifth day, I concluded that the local appearances ought to have been ascribed to the puncture, or the acrimony of the pus.

It has been suggested, that as the stomach is one of the principal organs invaded by inflammation in this disease, and as the black vomit would appear to be a secretion from that organ, that the disease might be reproduced by receiving this secretion into a healthy stomach. The experiments of Dr. Ffirth have decided that this hypothesis is visionary. He swallowed the black matter in the state it was ejected from the stomach, but with perfect immunity from disease. That this fluid cannot propagate the disease when brought into contact with the nerves of the skin, we have ascertained by reiterated experiments.

Dr. Potter argues that quarantine against yellow fever is useless and indeed absurd and as applied tyrannous. He is quite sure that the affection is carried through the air and cannot be kept out by any quarantine measure. It was not carried, however, by respiratory effluvia or fomites because patients suffering from yellow fever in hospitals did not communicate it to those near them. He argues from this that other infectious diseases also cannot be kept out by quarantine. He mentions particularly the plague and typhus fever. He protests vigorously against the imposition of quarantine and quotes the opinion of Jefferson who, on the strength of investigations made with regard to yellow fever, advised strongly against quarantine laws. The conclusions of course are too wide. Yellow fever spreads through the air, but by means of the very material mosquito and not through some more tenuous medium. Plague also spreads through the air, but by the medium of the flea. The air-borne diseases are a thing of the past in his sense of the word and yet he anticipated with regard to the one disease that was under his observation our most recent conclusion, and if he had not insisted on drawing his conclusions so widely would have been far in advance of his times. Generalizations nearly always fail in medicine.

It so happens that in the same bound volume of pamphlets at the Surgeon-General's Library, for it is to them that I owe the privilege of quoting this monograph, there is an announcement of Dr. David Hosack of New York of the "Course of Studies Designed for The Private Medical School Established in New York by David Hosack, M.D.," professor of the theory and practice of medicine and of midwifery and the diseases of women and children (New York, printed by Van Winkle, Wyelie & Co., 1816). In this, "to those students who have not received a liberal education, the following works are recommended previously to the commencement of their medical studies":

RHETORIC AND BELLES LETTRES

Murray's "Grammar" (large edition).
Blair's "Lectures on Rhetoric."
Duncan's "Logic."
Campbell's "Philosophy of Rhetoric."
Gregory's "Letters on Composition."
Kett's "Elements of Human Knowledge."
Barron's "Lectures on Belles Lettres and Logic."
Gerard on Genius.
Gerard on Taste.
Alison on Taste.

GEOGRAPHY

D'Anville's "Ancient Geography."
Pinkerton's "Modern Geography."
Morse's "American Geography."

HISTORY

Priestley's "Lectures on History."
Tyler's "Outlines of General History."
Anquetil's "Universal History."
Miller's "Retrospect of the Eighteenth Century."

NATURAL PHILOSOPHY

Helsham's "Lectures."
Gregory's "Economy of Nature."
Cavallo's "Natural Philosophy."
Imison's "School of Arts."
Ferguson's "Astronomy."

MORAL PHILOSOPHY

Beattie's "Elements of Moral Science."
Beattie's "Essay on Truth."
Paley's "Principles of Moral and Political Philosophy."

It is also recommended to the young gentleman, unprepared by a collegiate course of study, to attend at least one course of lectures on mathematics and natural philosophy, as delivered in Columbia College, and to devote an hour daily to the Latin, Greek and French languages, under the direction of a private teacher.

Dr. Hosack evidently had an excellent appreciation of what was needed to prepare a man for medical studies and a high ideal of what the medical student ought to know. Now that with much trouble and pains we have climbed back to the point at which we ask a single year of college work in the majority of the schools, Dr. Hosack's standard of a century ago should be thoroughly recognized. His three years of medical studies includes a range of medical reading at least as wide as any recommended now, and he even suggested the medical journals with which students were to become familiar. Dr. Samuel W. Francis was associated with him in the teaching, and both of these men were physicians of broad and deep scholarship. They were not unpractical idealists, however, for the announcement declares that a medical student is not expected to become familiar with all of these books but to know how much is expected of him, to occupy every moment and "thus seeing a plan of study before him he will remit no honorable exertion to its successful acquisition. The works of these distinguished writers will have taught him to appreciate the dignity and importance of his profession and in the intervals of practice he will be induced to complete whatever of this outline he shall have left imperfect." The private library of Dr. Hosack was constantly open to the student for reference. When we realize how much medical education had descended in the next generation so that two ungraded terms of four months each were offered to men without any suggestion of preliminary education, it is hard to understand how such things come about.

When writing the history of the New York State Medical Society about ten years ago I called attention to the fact that the essays which were awarded prizes by the Medical Society of the State of New York in 1825 and immediately succeeding years were such as might well win prizes at the present time. It would be easy to think that prize essays written at that time would have comparatively little interest except possibly to the historian and still less of practical value. The surprise, therefore, is to find that the subjects chosen are treated nearly from the same point of view as we would treat them at present and that, indeed, the writers anticipate many of the points of view that we are much inclined to think of as quite modern. The first prize given was awarded in 1825 for an essay by Dr. Andrew Hammersley.[1]

Dr. Hammersley begins by discussing and rejecting the popular idea that consumption is due to cold, or that indeed cold is a source of the many ills that are attributed to it. When we recall that even at the present time this is a popularly accepted notion, Dr. Hammersley's paragraphs are interesting.

> Popular prejudice has all along conduced to the belief that sudden exposure to cold, when the body is heated, would be attended with extreme hazard, and this alone has been accounted one of the fruitful sources of disease. The researches, however, of modern experimenters has tended in no small degree to qualify such conclusions.
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> Those of Dr. George Fordyce and Sir Charles Blagden, familiar to every person, are among the most important in evincing that exposure to a high degree of cold, after violent heat, is unattended with danger to the constitution. This fact is likewise confirmed by the mode in which the practice of bathing is conducted in Russia, and in several other countries, the inhabitants of which, to heighten the luxury and add to the refreshment of immersion in heated baths, or long exposure to vapor of high temperature, immediately plunge into contiguous cold baths, or run into the open air and without the smallest covering on their bodies roll themselves in snow. In considering a fact of this kind, there are two particular circumstances to be noticed, to wit, the acquired vigor of the

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[1] Hammersley, Andrew: Dissertation on the Remote and Proximate Causes of Phthisis Pulmonalis, Tr. Med. Soc. New York, 1834-1835, ii.

subject to whom the practice appertains and the inherent powers of reaction possessed by the animal economy. The hardy Russian, whose every fiber is made tense by the severity of his climate, suffers no harm from such practices, as the principle possessed by the system just adverted to is put in action in a frame capable of enduring the influence of the opposite medium to which it is exposed.

On the other hand, Dr. Hammersley is very certain that dust has a great deal to do with the development of tuberculosis, and he points out that it is particularly workmen whose occupations keep them in a dust-laden atmosphere and especially whose trades involve the making of much dust who are most likely to suffer from it. He says:

> Among the various artisans Dr. Cullen has enumerated stone-cutters, millers and flax-dressers as particularly subject to attacks of this disease. "But the most striking example," says another writer, "of this species of injury is afforded by one of the processes of the needle manufactory; it is that of dry grinding by which the needles are pointed; the persons employed in this labor are universally affected in a short time with the symptoms of approaching consumption. They go on coughing till they either spit blood or a thick substance having the appearance of matter. They decline in flesh and strength and scarcely ever survive to the fortieth year. Dr. Kirkland observes that scythe-grinders are subject to a disease of the lungs from particles of sand mixed with iron dust (getting into the lungs and setting up an infection) which among themselves they call the grinder's rot." It is moreover asserted on good authority that the filers of London die almost universally at a very early period of a similar disease. Certain other occupations are very properly thought to bestow an immunity from this extensive malady. Such are those of boatmen, watermen, sailors and gardeners. Certain animals of the lower order are moreover supposed to enjoy a marked exemption, as dogs; while on the other hand, cows, it is reported, are particularly subject to it.

In the last sentences he dwells on the fact that people who live in the outdoor air have an immunity to the disease to a considerable extent, and he discusses animal tuberculosis much in the same way that we were discussing it after Koch's announcement with regard to bovine tuberculosis at the beginning of the twentieth century.

The second prize essay was "The History, Causes and Treatment of Typhus Fever," by Dr. Alfred Y. Magill of Winchester, Va., and may be found in the Transactions of the Medical Society of New York for 1834-5. It might be thought that whatever there would be of interest in this essay would surely be contained in the discussion of the causes or perhaps of the history of the disease. As a matter of fact, it is under treatment that the part of the essay which is of enduring interest occurs. We think of the cold-water treatment of typhoid fever as modern, yet here is a thorough discussion of it in a prize essay nearly a century ago in which the writer confirms most of his conclusions from authorities who wrote more than a century ago.

Perhaps even more interesting than the use of cold water for the reduction of fever is the suggestion that when water was not available or was contra-indicated for any reason the patient should be put in the cold air until a definite reduction of temperature was secured. The opening of a window directly in the face of a cold northwest wind would remind one of some of the venturesome proceedings of physicians especially in hospital work in recent years. Dr. Magill said:

> No one can peruse Dr. Currie's recent experience in this matter without being convinced that cold water when properly applied is a most important remedy in case of fever. Its utility is not confined to typhus; it is equally serviceable in all fevers attended with increase of heat and arterial action. Its effect on the pulse is astonishing in many cases. We have often known the mere bathing of the hands and arms of a febrile patient to reduce the action of the pulse from ten to fifteen beats in the minute, and if this partial application of cold water has such an effect on the action of the heart, how much greater must be the effect of a cold bath. We have many instances on record of its calming at once the most furious delirium; persons in such a situation have often jumped overboard from a vessel into the sea and been taken up perfectly calm and rational and with an almost complete extinguishment of the fever. With the many strong instances recorded in various works of its remarkable efficacy in curing fever, it is justly a matter of surprise that physicians so seldom call its great powers into requisition. It exercises a more immediate control over the action of the heart than blood-letting. Dr. Currie mentions a striking instance of the effects of cool air in reducing the pulse. "In the month of May, 1801," he says, "I was desired to see a patient ill of fever in Sparling Street. I found him in the tenth or eleventh

> day of the fever, delirious and restless; the surface of the body dry, and his heat 104 F. The room was close and I desired the only window in it opened. The wind from the northwest blew directly into this window, and the bed being situated between it and the chimney, a pretty brisk stream of air passed over it. The patient had just thrown off a considerable part of his bedclothes and was exposed naked to the breeze. I sat by him with my finger on his pulse watching the effect. In a little time the pulse fell from 120 to 114 in the minute; he became more tranquil and soon afterward he sank into a quiet sleep, in which he remained when the water for effusion was prepared; of course we did not disturb him; he remained exposed to this cold air until morning when his pulse was found to be about 100 and his heat 101."

It is interesting to note that though the clinical thermometer was not often used for half a century after the date of this observation (indeed, Keen says that surgeons during the Civil War estimated fever by touch and not by the thermometer), this English observer quoted by an American prize essayist was studying his fever cases very carefully with the aid of a Fahrenheit thermometer in the early years of the nineteenth century.

While all patients suffering with fever were to have their temperature reduced by some direct use of cold air or water, he did not think that patients should be subjected to cold applications indiscriminately but advised the selection of patients and suggested certain contra-indications to this method of treatment. The whole discussion is interestingly up-to-date in many ways and deserves a place in our literature. He said:

> But cold water is by no means to be used indiscriminately in every case of fever; neither is it to be used in all stages of any fever; the rules which Currie has laid down on this subject are excellent and cannot be followed too closely. If we obey strictly his directions, we will always be prevented from misapplying or doing injury to its use. He gives separate rules for the external and internal use of cold water. but as its effect, except in degree, is the same when used either way, one set of rules will answer as a guide for both. His first general rule is that "it may be used (either internally or externally) when there is no sense of chilliness present, when the heat of the surface is steadily above what is natural, and when there is no general or profuse perspiration." We will now give the substance of the particular rules he has

laid down on this subject: 1. Cold water is not to be used either internally or externally in the cold stage of the paroxysm of the fever, however urgent the thirst; taken at such times it increases the chilliness and produces great weakness of the pulse, and if used to any extent might cause the death of the patient. 2. When the hot stage is fairly formed and the surface is dry and burning, cold water may be used both ways with the utmost freedom; frequent draughts of cold liquid and its external application, under such circumstances, are highly grateful; they diminish very much the heat of the body and lessen considerably the volume and frequency of the pulse. 3. It is also necessary to abstain from the use of cold water when the body is under profuse perspiration, and this caution is more important in proportion to the continuance of this perspiration."

The third prize essay was on iodin, by Samuel J. Hobson,[2] M.D., a member of The Philadelphia Medical Society. Iodin has been used for many and varied ailments since Hobson wrote his essay, but there are no affections for which it was recommended in the centuries since, so far as I can find, that are not mentioned by the Philadelphia prize essayist about the end of the first quarter of the nineteenth century. All the glandular enlargements including the mamma, the liver, the spleen, the testicles, scrofula, dysenteric tuberculosis, bone and every other form of tuberculosis were all to be benefited by iodin. It is well worth the while reading that essay on iodin and comparing it with some of our text-books of materia medica and therapeutics which still carry wonderful indications of the most varied character for iodin.

The fourth prize essay was by Dr. James Conquest Cross and was on the subject of delirium tremens. It will interest the modern physician to know, though I am not sure that the detail has any historical value, that the prize winner, Dr. Cross, was from Kentucky and knew his subject very well. His history of the disease, its first description as an independent entity in 1801 and other details are of interest. He insists on individualization of the cases, deprecates the overuse of opium and discusses venesection and various antiphlogistic methods of treatment.

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[2] Hobson, Samuel J.: The History, Preparation and Therapeutic Uses of Iodin.

The fifth prize essay that has been preserved is that of Dr. Benjamin W. McCready of New York, who wrote on The Influence of Trades, Professions and Occupations in the United States, in the Production of Disease.[3] His was the prize essay for the year 1837. As I have already stated,[4] and shall repeat here, this was the first time so far as I know, that the prize was awarded to a New York man. Kentucky, Virginia and Pennsylvania had been represented in the list of prize-winners, and it is very evident that the prizes were awarded entirely for the merit of the essays and not for any personal or partial reasons. In this fifth essay the question of the overcrowding in the tenement house districts of New York City is discussed in the same terms that would have been used fifteen years ago on the same subject. The reasons for ill health in the tenement house districts are thus stated:

> In other cases the cupidity of landlords has tempted them to build up narrow alleys with small wooden tenements which, costing but little, and being let to numerous families, yield immense profits. The alley is often not more than 6 feet wide, paved with round stones and with very insufficient means for draining off the water. It is not uncommon in such situations to find one or two of the apartments in each house entirely underground. Can we wonder if in such a state of things we find moral as well as physical disease, vice as well as sickness? Can we expect men who live thus to be orderly and sober, or women to be cleanly and domestic? In such situations, during the summer months, diarrhea and dysentery are rife, and among children fatal. Scrofula, in some of its protean forms, is frequently met with and they form the lurking places where small-pox, measles and scarlet fever lie covered under the ashes, or when circumstances are favorable, blaze up into sudden fury.

At the end of Dr. McCready's essay there is a rather striking set of passages in which he discusses the evils of the quack and especially the patent medicine vender, and suggests the reasons for the popularity of their products. He has caught the essence of the idea in the declaration that the present popular errors in medicine are always the result of previous supposed knowledge among physicians themselves. Dr. McCready's remedy for this unfortunate state of affairs would be the spread of real knowledge. In the seventy-five years that have elapsed since the writing of this many improvements and advances in education have come, yet his words retain their forcefulness and application.

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[3] Transactions of the Med. Soc. of N. Y., 1837.

[4] Walsh, James J.: The Wisdom of Our Grandfathers, History of the Medical Society of the State of New York, Chapter viii, Part 2; New York State Jour. Med., February, 1907.

> That the present errors of the vulgar were formerly the themes of philosophers, is an old and trite observation. Most of the vague and unfounded notions of the public concerning the nature and treatment of diseases, which embarrass the young practitioner on his entrance into practice, were once the cherished doctrines of the wise and learned. Can we do nothing to correct the evil our predecessors have occasioned? Can we not substitute truth for falsehood, facts and reasoning founded on facts, for idle notions, and injurious hypothesis? I would not wish to instruct the community in a knowledge of the symptoms and treatment of diseases—that were impossible; but I would wish to make a knowledge of the laws and functions of the living body a necessary part of a liberal education, and to communicate to all classes so much information as would enable them to educate their children and regulate their diet, clothing, exercise and habitations.

Dr. McCready has also an excellent review of quack medicines which might apply to present conditions; and he thought the newspaper press as responsible for it then as we do now. The evil results to be anticipated from the abuse of medicines are just those that medical writers of the present day insist on.

> There is an evil, which has of late years become of excessive magnitude, and which is daily increasing—the consumption of quack medicines. Aided by the immense circulation of a cheap, press, many of these nostrums have obtained a sale that exceeds belief. Few patients among the lower classes now apply to a physician, who have not previously aggravated their complaints by swallowing numbers of these pretended specifics, and a late resident-physician of the city hospital has informed me that he has met with many cases of derangement and irritation of the mucous membrane of the stomach and bowels, caused solely by the drastic articles which enter into their composition. Formed in most instances of irritating ingredients and directed to be taken in immense doses, and as infallible remedies in all cases, the mischief which they do is incalculable, and unless some stop be put to the evil by law or by an enlightened public opinion, it will soon claim an unenviable preeminence as a cause of public ill health.

Surprising as it may seem to us because of the feeling that has been so commonly cherished of the wonderful advance that has been made in recent years in medicine, what we find when we know sufficient of the details of the history of medicine is that even here in this country many of the ideas that we are likely to think of as most recent were anticipated long ago, and discussed very sensibly by some of our grandfathers in medicine, though their ideas seem to have affected only a few of the thinking physicians in practice at the time. After all, it has probably always been true in the history of medicine that the ordinary practitioner of medicine was using conventional or routine remedies and modes of treatment and expecting much, but seldom realizing all that was being accomplished around him. Even in our own time this is probably much truer than is thought and indicates what possibilities for advance there is in medical practice. Even now the knowledge that we have with regard to cancer and its early diagnosis, as well as the early diagnosis of tuberculosis, is neglected to such an extent that it is only when patients are in advanced stages that an absolute diagnosis is made, and then their best chance for recovery is already gone.

Let us not forget that practically all our diagnosis of lung diseases was outlined in Laennec's book of auscultation nearly a hundred years ago, and that very little has been added to that. Even now, however, there are many physicians who do not apply this great discovery of Laennec in anything like the scientific way that it should be applied.

Instead of lying back on our oars then and thinking that the tide of progress will carry us with it inevitably, it is well for us to recall that at any time in the history of medicine thoughtful physicians have anticipated discoveries that seemed novel long after their time, and that indeed at any time men who have approached clinical problems seriously have done great good to patients in spite of any supposed lack of knowledge in their time. It is the thinking physician occupied with his patients and not with cases who represents the most important factor in every generation of medical history, and there is never anything absurd about that. After all, it is not surprising that physicians should have proved capable of solving so many

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problems so well in the past, for man has at all times solved his problems nearly as well as at any other time in the history of man. Our philosophy, our literature, our poetry, our architecture, our painting, our sculpture is nearly all old, and what is best is of the olden time. Why should not this be true with regard to medicine, at least to the extent that would make us realize that we have a glorious history of medicine, not for one or two generations but for many centuries and even for more than a century right here in America.

110 West Seventy-Fourth Street.

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